QuarkNet Participant Sheet

Dear Participant:
The QuarkNet Program Staff and Fellows would greatly appreciate your responses to the following questionnaire. Your feedback will allow us to assess the content and quality of professional development opportunities so we will know how to best serve teachers and other educators in the future. Note that we are not asking for your name so that we can keep your feedback completely anonymous.

Date _____ Provider_____

1. What subject(s) do you teach and at what grade level(s)?

2. Would you consider your students high achievers, average achievers, low achievers or a mix?

3. Give your opinion about the professional development (PD) provided with regard to each of the following:
(*Circle **one** on each line*.)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
a.	The session was well-organized	1	2	3	4	N/A
b.	Objectives of the session were met	1	2	3	4	N/A
c.	The instructor was effective in facilitating the session	1	2	3	4	N/A
d.	The provider made good use of the time available for the session.	1	2	3	4	N/A
e.	The PD provided ideas for ways to use what I learned in the classroom	1	2	3	4	N/A
f.	The PD provided opportunities to ask questions and/or discuss ideas	1	2	3	4	N/A
g.	The PD helped me feel more comfortable with the topic(s)	1	2	3	4	N/A
h.	I increased my understanding of the material presented	1	2	3	4	N/A
i.	Questions were answered/addressed at my level of understanding	1	2	3	4	N/A
i.	I learned skills that I can teach to my students	1	2	3	4	N/A
j.	I want to learn more about the topic(s) presented	1	2	3	4	N/A

Comments (please include a comment if you rated any item '3' or '4'):

Use the back of this sheet to answer the following:

4. What were the 2-4 most important things you learned from this session?

5. List any specific strengths and weaknesses you would like the provider and/or QuarkNet to know about.